



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On: 08-02-2021 | 14:34:19 PDT

File #: 210740

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Michael Visconti	(628) 652-4645
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR California Physician Services DBA Blue Shield of Calif	TELEPHONE NUMBER 510-607-2400
STREET ADDRESS (including City, State and Zip Code) 601 12th Street, Oakland, CA 94607	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/27/2021	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$308,006,956		
NATURE OF THE CONTRACT (Please describe) California Physician Services DBA Blue Shield of California Medical Health Insurance: Blue Shield Flex Funded HMO (Access+ and Trio HMO) for City Employees and City Early Retirees		

7. COMMENTS
The amount of this contract is based on the most recent actuarial information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Diaz Jr.	Guillermo	Board of Directors
2	Barker	Mari	Board of Directors
3	Belshé	Kimberly	Board of Directors
4	Dilsaver	Evelyn	Board of Directors
5	DuPlessis, M.D, M.P.	Helen	Board of Directors
6	Flores, M.D.	Hector	Board of Directors
7	Fohrer	Alan	Board of Directors
8	Glaser	Will	Board of Directors
9	Leslie	Kristina M.	Board of Directors
10	Markovich	Paul	CEO
11	Panetta	Leon E.	Board of Directors
12	Minter-Jordan, MD, MBA	Myechia	Board of Directors
13	Johnston	Colleen	Board of Directors
14	The Rawlings Group		Subcontractor
15	Optum		Subcontractor
16	American Specialty Health		Subcontractor
17	Healthways		Subcontractor
18	CVS Specialty		Subcontractor
19	Dental Benefit Providers		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Broadridge Output Solution	fka DST Output	Subcontractor
21	Arvato		Subcontractor
22	Hewlett Packard		Subcontractor
23	Trizetto Cognizant		Subcontractor
24	HealthEquity		Subcontractor
25	Healthwise		Subcontractor
26	Hinduja Global Solutions		Subcontractor
27	LabCorp		Subcontractor
28	Language Line		Subcontractor
29	Magellan Health Services		Subcontractor
30	MES Vision		Subcontractor
31	National Imaging Associate		Subcontractor
32	CVS Health		Subcontractor
33	Quest Diagnostics		Subcontractor
34	Exela		Subcontractor
35	TeleTech Financial Service		Subcontractor
36	Partners in CareFoundation		Subcontractor
37	Radiant,subsidy Accenture		Subcontractor
38	Calibrated		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

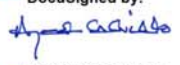
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Clarke	Sandra	CFO
40	Walthall	Todd	Other Principal Officer
41	Davis	Lisa	Other Principal Officer
42	Glickman MD	Seth	Other Principal Officer
43	Robertson	Jeff	Other Principal Officer
44	Heal		Subcontractor
45	Call the Car		Subcontractor
46	LifeSpring Home Nutrition		Subcontractor
47	IBM Truven Analytics		Subcontractor
48	Outcome MTM		Subcontractor
49	Soultran		Subcontractor
50	Livongo		Subcontractor
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DocuSigned by:

 988C8F42C3084B5
 Angela Calvillo

DATE SIGNED

08-02-2021 | 14:34:19 PDT